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PATENT - POWER OF ATTORNEY	Patent Number	6,958,046
OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Issue Date	2005-10-25
	First Named Inventor	WARREN J. WARWICK
	Title	CHEST COMPRESSION APPARATUS
	Attorney Docket Number	er 39340.1.1.3
I hereby revoke all previous powers of attorney given	In the above-identified	patent.
A Power of Attorney is submitted herewith.		
I hereby appoint Practitioner(s) associated with the for attorney(s) or agent(s) with respect to the patent iden the United States Patent and Trademark Office common I hereby appoint Practitioner(s) named below as my/s above, and to transact all business in the United State	ntified above, and to trans ected therewith: Our attorney(s) or agent(s	act all business in
Practitioner(s) Name	Registration Number	
	<del></del>	
Please recognize or change the correspondence address for the eb The address associated with the above-mentioned Custome OR The address associated with Customer Number: OR		
Firm or Individual Name RespirTech, Inc.		
Address 2896 Centre Pointe Drive		
City St. Paul	State MN	Zip [55113-1134

Inventor, having ownership of the patent.

OR
Patent owner.

USA

651-379-8979

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I am the:

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Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

Title and Company Inventor/Owner

62.4—1) 7 5

MOTE Signatures of all the inventors or patent owners of the active interest or their representative(s) are required. Submit medipie forms if more than one appearance in company in the control of the

Emeil jehlen@respirtech.com

\*Total of 2\_\_\_\_\_\_forms are submitted.

This consists of information is required by 37 CFR 1.31, 1.32 erd 1.33. The information is required to obtain on which is to big part by the patter which is to be part by the patter which is to be part by the patter which is to complete, including eightering, preparing, and submitting the completed epolation time to the USPTO. Then will very deponding upon the whichital lease. Any comments on emantle of their per verigine to complete this form marker appearations for reducing this budden, provide seen to the Charle from termitical control of the sensitive of their per verigine to complete the form marker appearations for reducing this budden, should be sent to the Charle from termitical collect. Any Sentent and Tradomack Officia. U.S. Operations of Commerce, R.C. Box 1450, Alexandida, V.A. 2233-1459, DO NDT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS. SEND TO Commissioner for Pattering, P.O. Dos 1450, Alexandida, V.A. 2233-1450, V.A. 2235-1450.